



State of  
New Jersey  
Division of Taxation

2016 NJ-1040  
Income Tax Resident Form

01160

For tax year Jan. - Dec., **2016**  
or other tax year beginning:

Month /  
Year ending:

Check box if application for Federal  
extension is enclosed or enter confirmation #

**IMPORTANT!**  
**YOU MUST ENTER YOUR SSN(s).**  
Your Social Security Number

Spouse's/CU Partner's SS No.

County/Municipality  
Code (See Table p. 50) **1 5 1 2**

Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

**Agredo-Narvaez Elias**

Home address (Number and Street, including apartment number or rural route)

**1080B East Veterans Highway**

City, Town, Post Office

**Jackson**

State Zip Code + 4

**NJ 0 8 5 2 7 2 9 3 4**

Change of Address

**NJ RESIDENCY  
STATUS**

If you were a New Jersey resident for ONLY part of the  
taxable year, give the period of New Jersey residency:

From:

To:

Select only one

1. Single

2. Married/CU couple, filing joint return

3. ☒ Married/CU Partner, filing separate  
return. Enter Spouse's/CU Partner's  
SS No. in the boxes above

4. Head of Household

5. Qualifying widow(er)/  
Surviving CU Partner

**EXEMPTIONS**

6. Regular	<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse/CU Partner	Domestic Partner	6	2	<b>ENTER NUMBERS HERE</b>
7. Age 65 or Over	Yourself	Spouse/CU Partner		7		
8. Blind or Disabled	Yourself	Spouse/CU Partner		8		
9. Number of your qualified dependent children					9	
10. Number of other dependents					10	
11. Dependents attending colleges (See Instr. page 16)					11	
12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)					12a	2
(For Line 12b - Add Lines 9 and 10)					12b	2

Check box if dependent does not have  
health insurance including NJ  
FamilyCare/Medicaid, Medicare,  
private, or other (see instructions)

13. Dependent's Last Name, First Name, MI

Dependent's Social Security Number Birth Year

a  
b  
c  
d

☒  
☒

**GUBERNATORIAL  
ELECTIONS FUND**

Do you wish to designate \$1 of your taxes for this fund?

Yes ☒ No

**Note:** If you check Yes, it will  
not increase your tax or  
reduce your refund.

If joint return, does your spouse/CU partner wish to designate \$1?

Yes No

If enclosing copy of death certificate for deceased taxpayer, check box  
(See instruction page 12)

If you do not need forms mailed to you next year, check box ☒  
(See instruction page 14)

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature

Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Date

**Driver's License Number**  
(Voluntary. See instruction page 14)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature

(Check box ☐ if NJ-1040-O is enclosed)

Federal ID Number

Firm's Name

Federal Employer ID No.

Pay amount on Line 56 in full. Write SS  
number(s) on check or money order and make  
payable to:  
**STATE OF NEW JERSEY - TGI**  
Mail your check or money order with your  
NJ-1040V payment voucher and your return to:  
NJ Division of Taxation  
Revenue Processing Center  
PO Box 111  
Trenton, NJ 08645-0111  
**IF REFUND:**  
NJ Division of Taxation  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555  
You may also pay by e-check or credit card.  
See instruction page 11.



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Your Social Security Number

Name(s) as shown on Form NJ-1040

Agredo-Narvaez Elias

14. Wages, salaries, tips, and other employee compensation (Enclose W-2). Be sure to use State wages from Box 16 of your W-2(s). <a href="#">See instructions</a>	14	
15a. Taxable interest income ( <a href="#">See instructions</a> ) (Enclose Federal Schedule B if over \$1,500)	15a	
15b. Tax-exempt interest income ( <a href="#">See instructions</a> ) (Enclose Schedule) DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business ( <a href="#">Schedule NJ-BUS-1</a> , Part I, Line 4) (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property ( <a href="#">Schedule B</a> , Line 4)	18	
19a. Pensions, Annuities, and IRA Withdrawals ( <a href="#">See instruction page 21</a> )	19a	
19b. Excludable Pensions, Annuities, and IRA Withdrawals	19b	
20. Distributive Share of Partnership Income ( <a href="#">Schedule NJ-BUS-1</a> , Part II, Line 4) ( <a href="#">See instruction page 24</a> ) (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	20	
21. Net pro rata share of S Corporation Income ( <a href="#">Schedule NJ-BUS-1</a> , Part III, Line 4) ( <a href="#">See instruction page 25</a> ) (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	21	
22. Net gains or income from rents, royalties, patents & copyrights ( <a href="#">Schedule NJ-BUS-1</a> , Part IV, Line 4)	22	
23. Net Gambling Winnings ( <a href="#">See instruction page 25</a> )	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) ( <a href="#">See instruction page 25</a> )	25	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26	
27a. Pension Exclusion ( <a href="#">See instruction page 26</a> )	27a	
27b. Other Retirement Income Exclusion ( <a href="#">See Worksheet and instruction page 26</a> )	27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c	
28. <b>New Jersey Gross Income</b> (Subtract Line 27c from Line 26) ( <a href="#">See instruction page 27</a> )	28	0.00
29. Total Exemption Amount ( <a href="#">See instruction page 28</a> to calculate amount) ( <a href="#">Part-Year Residents see instruction page 7</a> )	29	
30. Medical Expenses ( <a href="#">See Worksheet and instruction page 28</a> )	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Alternative Business Calculation Adjustment ( <a href="#">Schedule NJ-BUS-2</a> , Line 11)	34	
35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35	0.00
36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36	
37a. Total Property Taxes (18% of Rent) Paid ( <a href="#">See instruction page 29</a> )	37a	
37b. Block <input type="text"/> . <input type="text"/> Lot <input type="text"/> . <input type="text"/> Qualifier <input type="text"/>		
37c. <a href="#">County/Municipality Code</a> <input type="text"/> Check box if you completed Worksheet G-1 <input type="checkbox"/> ( <a href="#">See instruction page 32</a> )		
38. <b>Property Tax Deduction</b> (From Worksheet G. <a href="#">See instruction page 33</a> )	38	
39. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 38 from Line 36). If zero or less, MAKE NO ENTRY	39	0.00

CONTINUE TO PAGE 3





State of  
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03160

Your Social Security Number      Name(s) as shown on Form NJ-1040

Agredo-Narvaez Elias

40. TAX (From Tax Table, page 52)

41. Credit For Income Taxes Paid to Other Jurisdictions.

Enter other jurisdiction code (See instructions)

41

42. Balance of Tax (Subtract Line 41 from Line 40)

42

43. Sheltered Workshop Tax Credit

43

44. Balance of Tax after Credit (Subtract Line 43 from Line 42)

44

0.00

45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases

(See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00)

45

46. Penalty for Underpayment of Estimated Tax

46

Check box if Form NJ-2210 is enclosed

47. Total Tax and Penalty (Add Lines 44, 45, and 46)

47

48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)

48

990.04

49. Property Tax Credit (See instruction page 37)

49

50. New Jersey Estimated Tax Payments/Credit from 2015 tax return

50

51. New Jersey Earned Income Tax Credit (See instruction page 38)

51

Select only one      Check box if you had the IRS figure your Federal Earned Income Credit

Check box if you are a CU couple claiming the NJ Earned Income Tax Credit

52. EXCESS New Jersey UI/WF/SWF Withheld (See instruction page 38)

(Enclose Form NJ-2450)

52

53. EXCESS New Jersey Disability Insurance Withheld (See instruction page 38)

(Enclose Form NJ-2450)

53

54. EXCESS New Jersey Family Leave Insurance Withheld (See instruction page 38)

(Enclose Form NJ-2450)

54

55. Total Payments/Credits (Add Lines 48 through 54)

55

990.04

56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE

56

Check box if paying by e-check or credit card

If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.

57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT

57

990.04

Deductions from Overpayment on Line 57 which you elect to credit to:

58. Your 2017 tax

58

59. N.J. Endangered Wildlife Fund      \$10      \$20      Other      59

60. N.J. Children's Trust Fund To Prevent Child Abuse      \$10      \$20      Other      60

61. N.J. Vietnam Veterans' Memorial Fund      \$10      \$20      Other      61

62. N.J. Breast Cancer Research Fund      \$10      \$20      Other      62

63. U.S.S. New Jersey Educational Museum Fund      \$10      \$20      Other      63

64. Other Designated Contribution      \$10      \$20      Other      64

(See instruction page 39)

65. Total Deductions from Overpayment (Add Lines 58 through 64)

65

0.00

66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)

66

990.04

(732) 886-7400

PAYER'S name, address, ZIP/postal code, country & phone no. <b>PLEASANT GARDENS HOLDINGS</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>20-4914309</b>	RECIPIENT'S ID number <b>XXX-XX-XXXX</b>
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080 B EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527</b>	
Account number <b>620872099832</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0.00</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient for resale) <input type="checkbox"/>
10 Crop insurance proceeds	11
12	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no. <b>NJ/204-914-309/000</b>	18 State income <b>0.00</b>

**1099-MISC Miscellaneous Income 2016**  
Copy 2 - To be filed with Recipient's State Tax Return  
CORRECTED ☒ FATCA filing requirement ☐ Dept. of Treasury - IRS  
OMB No. 1545-0115


## STATEMENT

This statement includes the representation of a form 1099-MISC. The form/representation is NOT intended to represent a corrected 1099-MISC filed by the party identified in it as the "PAYER".

The corrected form 1099-MISC herein presented is submitted to "rebut" a document known to have been submitted by the party identified in it as the "PAYER" which erroneously alleges a payment or payments to the party identified in it as the "RECIPIENT" of "gains, profits or income" which they are NOT.

No payments were received by the party identified in it as the "RECIPIENT" which were connected with a "**Trade or business**" which is also defined by the code as the performance of the "**functions of a public office**" 26 U.S.C. sect 7701(a)26, or otherwise constituted gains, profit or income within the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, is true, correct and complete.

  
Elias Agredo-Narvaez. Private Sector

PAYER'S name, address, ZIP/postal code, country & phone no. <b>CROSSROADS REALTY GROUP LLC</b> <b>525 EAST COUNTY LINE ROAD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>47-3976170</b>	RECIPIENT'S ID number <b>XXX-XX</b>
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080 B EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527</b>	
Account number <b>325120145146</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0.00</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
12	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no. <b>NJ/473-976-170/000</b>	18 State income <b>0.00</b>
<b>1099-MISC Miscellaneous Income 2016</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
CORRECTED <input checked="" type="checkbox"/> (if checked) <input type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

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Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, is true, correct and complete.

 Date: 04-06-17  
Elias Agredo-Narvaez. Private Sector



(732) 886-7400

PAYER'S name, address, ZIP/postal code, country & phone no. <b>LPC PROPERTIES LLC 525 EAST COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>81-0574157</b>	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT 1080B JACKSON NJ 08527</b>	
Account number <b>883627974041</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0.00</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient for resale) <input type="checkbox"/>
10 Crop insurance proceeds	11
12	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no. <b>NJ/223-836-034/000</b>	18 State income <b>0.00</b>
<b>1099-MISC Miscellaneous Income 2016</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
CORRECTED <input checked="" type="checkbox"/> (if checked) FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

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Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, is true, correct and complete.

[REDACTED] Date: 04-06-17  
 Elias Agredo-Narvaez Private Sector

<input checked="" type="checkbox"/> CORRECTED (if checked)			
1 Rents \$		2 Royalties \$	
3 Other income \$			
4 Federal income tax withheld \$		5 Fishing boat proceeds \$	
6 Medical and health care payments \$			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (502) 499-0098 EXTELL DEVELOPMENT COMPANY 9911 SHELBYVILLE ROAD SUITE 200 LOUISVILLE KY 40223			
PAYER'S federal identification number 13-3796649		RECIPIENT'S identification number [REDACTED]	Account number (see instructions) 4599
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ELIAS AGREDO-NARVAEZ TM ELIAS AGREDO-NARVAEZ C/O 1080-B EAST VETERANS HIGHWAY JACKSON NJ 08527-9998			
7 Non-employee compensation \$ 0.00		8 Substitute payments in lieu of dividends or interest \$	
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>			
10 Crop insurance proceeds \$		11	
12			
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$		15b Section 409A income \$	
16 State tax withheld \$		17 State/Payer's state no. KY /	
18 State income \$			

2016 Form 1099-MISC To be filed with recipient's federal income tax return, when required.

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Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, is true, correct and complete.

[REDACTED]  
Elias Agredo-Narvaez. Private sector

Date: 04-06-17

0.00		94.48	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		1438.90	
3 Social security wages		Soc. sec. tax withheld	
0.00		336.52	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13		12c	
		12d	
14		Employee's SSN	
NJ UI/WC/WD 98.62		Employee ID number (EIN)	
NJ DI 46.43		75-3024492	
NJ FLI 18.58		Computer 005436000029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
15 (a) Employer's state ID number NJ 753-024-492/000		16 State wages, tips, etc. 0.00	
		17 State income tax 291.08	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> Form <b>Copy 2</b> <b>W-2</b> <b>To Be Filed With Employee's State,</b> <b>City, or Local Income Tax Return.</b> <b>2016</b> <small>OMB No. 1545-0047 Department of the Treasury - Internal Revenue Service</small>			

Neither the "EMPLOYER" nor the "EMPLOYEE" identified in the information returns meet the definitions and requirements in 26 USC sec 3401(c) ; CFR 31.3401(c)-1 ; 26 USC sec 3121(h) and its regulations.

#### NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected formW-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of gains, profits or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the code.

THIS CORRECTING FORM ENDS ANY SUCH PRESUMPTION. Note however that the deducted amounts are/were correct.

#### STATEMENT

No payments were received by the party identified in the form above as the "RECIPIENT" from the party identified therein as the " PAYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted "gains, profits or income" withing the meaning of relevant law.

Note however that the deducted amounts are/were correct.

Under penalty of perjury, I declare that these statements are true, correct and complete.

Elias Agredo-Narvaez. Private Sector

Date: 04-06-17



1 Wages, tips, other comp. 0.00		2 Fed. income tax withheld 2088.59	
3 Social security wages 0.00		Soc. sec. tax withheld 2672.20	
5 Medicare wages and tips 0.00		6 Medicare tax withheld 624.95	
Employer's name, address, and ZIP code Crossroads Realty Group Limited L 525 E County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee		12c	
Agreement (plan)		12d	
Third-party sick day		Employee's SSN	
14 NJ UI/WC/WD 138.56		Employer ID number (EIN) 47-3976170	
NJ DI 65.20		Corresponding number 001788000007001	
NJ FLI 26.12		Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527	
Employee's name, address, and ZIP code			
15a Employer's state ID number NJ 473-976-170/000		16 State wages, tips, etc. 0.00	
		17 State income tax 698.96	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> 38-2068003 <b>Form</b> <b>Copy 2</b> <b>W-2</b> To Be Filed With Employee's State, City, or Local Income Tax Return. <b>2016</b> <small>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service</small>			

Neither the "EMPLOYER" nor the "EMPLOYEE" identified in the information returns meet the definitions and requirements in 26 USC sec 3401(c) ; CFR 31.3401(c)-1 ; 26 USC sec 3121(h) and its regulations.

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Neither the "PAYER" nor the "RECIPIENT" engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the code.

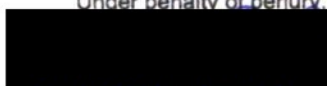
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#### STATEMENT

No payments were received by the party identified in the form above as the "RECIPIENT" from the party identified therein as the "PAYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted "gains, profits or income" within the meaning of relevant law.

Note however that the deducted amounts are/were correct.

Under penalty of perjury, I declare that these statements are true, correct and complete.

 Date: 04-06-17  
Elias Agredo-Narvaez Private Sector.

7016 2070 0000 2480 7053

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

TRENTON, NJ 08647

OFFICIAL USE

Certified Mail Fee \$3.35

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

\$2.75

\$0.00

\$0.00

\$0.00

\$0.00

Postage \$1.40

Total Postage and Fees \$7.50

Sent to State of New Jersey - Division of taxat

Street and Apt. No., or PO Box No. revenue processing ctr - refunds

City, State, ZIP+4<sup>®</sup> trenton, NJ 08647-0555

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0353 06

LAKEWOOD NJ 08701

APR 8 2017

Postmark Here

USPS 04/08/2017

SENDER: COMPLETE THIS SECTION


■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of New Jersey  
Division of Taxation  
Revenue Processing Ctr-Refunds  
P.O. Box 555  
trenton, NJ 08647-0555



9590 9403 0694 5196 6891 07

2. Article Number (Transfer from service label)

7016 2070 0000 2480 7053

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail<sup>®</sup>

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Registered Mail<sup>TM</sup>

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation<sup>TM</sup>

☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express<sup>®</sup>

☐ Registered Mail<sup>TM</sup>

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation<sup>TM</sup>

☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt



**NOTE: NO 2016 TAX LIABILITY.**

STATE OF NEW JERSEY

2016 INCOME TAX REFUND

AGREDO NARVAEZ ELIAS  
1080B EAST VETERANS HIGHWAY  
JACKSON NJ 08527-2934

CHECK NUMBER: J 210587639  
CHECK DATE: JUNE 05, 2017  
CHECK AMOUNT: 990.04

DLN: 609115323

If your family does not have health insurance and you have children age eighteen or younger, you may be eligible for free or low-cost coverage from NJ FamilyCare. To learn more, call 1-800-701-0710 or apply online at [www.njfamilycare.org](http://www.njfamilycare.org).

DETACH BEFORE CASHING CHECK AND RETAIN AS EVIDENCE OF PAYMENT

TAX04P (Rev. 09/20/2016)

REMOVE DOCUMENT ALONG THIS PERFORATION



Chris Christie  
Governor

2016 INCOME TAX REFUND  
DLN: 609115323

Bank of America  
003359875633

To The  
Order Of:

AGREDO NARVAEZ ELIAS  
1080B EAST VETERANS HIGHWAY  
JACKSON NJ 08527-2934

Department of the Treasury  
STATE OF NEW JERSEY  
Trenton, New Jersey 08625  
PROPERTY TAX RELIEF FUND

**PAY** Nine Hundred Ninety and 04/100 Dollars

64-1278  
611

CHECK NUMBER

**J 210587639**

DATE: JUNE 05, 2017  
VOID 180 Days After This Date

**\$ \*\*\*\*\*990.04**  
Audited, Allowed and Payment Warranted

Acting Director  
Payment Directed  
*[Signature]*  
State Treasurer

⑈ 210587639 ⑈ ⑆061112788⑆ 003359875633⑈